

Requirements for Provider Type 47 – Birthing Center

Specialty Code

- 470 – Birthing Center

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 47

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Completed application for enrollment of a Facility/Agency – application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the legal name and FEIN of Provider—documentation must come from the IRS; this Department **does not** accept W-9s
- Copy of license from Department of Health (or applicable state licensing agency if Provider is Out-of-State)
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or copy of the business partnership agreement

Birthing Centers should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission and the Medicare fee has been paid, send application and required documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: ra-provapp@pa.gov